

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

OCT 29 2018

RECEIVED

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Bruce A	A. Berke		
II. Name of lobbyist's partnership	, firm or corporation, if a	ny:	
Sheehan Phinney Capitol Gro	oup		₹,
(Name of partners	hip, firm or corporation)		
Two Eagle Square	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) <u>228-2370</u> (603) <u>224-8</u> (Fax)	899_email_bberke@sh	eehan.co m	
III. This statement covers: (Choos reportable expense transactions w			may file a separate report for
All reportable transactions occu	arring in the months prior to	the reporting date relative to	the following client:
Northeast Delta Dental			
· ·	Name of Client as it appear	s on the Lobbyist Registration	n Form)
OR All reportable tronsoctions by tunreloted to ony particular client.	he lobbyist (including the l	obbyist's fomily), or the lobb	ying firm listed below which are
IV. Date of Report April 25, Reports cover: activity from date of October 3	f registration to 3/31/18 1, 2018 🔯	July 25, 2018 activity from 4/1/18 to 6/. January 30, 2019 [activity from 10/1/18 to 1	
V. There have been no fees receive If this box is checked, complete just Concord. NH 03301.	ed and no reportable tran this form ond submit it to t	sactions made since the last he Secretary of State's Office.	report. Stote House, Room 204,
If you have paid an honors Expense Reimbursement	or made expenditures, you arium or reimbursed expen		s and Expenses n B- Report of Honorariums or ddendum C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and the best of my knowledge and belief	RSA 664 and hereby swea	r or affirm that the foregoing	information is true and complete to
		October 31, 20	
(Signature of lobbyist)		(L	Patc)
Bruce A. Berke (Print Name of lobbyist)			



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

П. Э	Name of lobbyist's partnership, firm or corporation, if any:	
She	eehan Phinney Capitol Group	
<u>511.</u>	(Name of partnership, firm or corporation)	
111.	Name of Client Northeast Delta Dental	Date October 31, 2018
Ind	Fees Received icate the gross amount of all fees received from the client identified above the luding fees for services such as public advocacy, government relations, on intoring legislation, and related legal work. The gross fee amount reported shapes	or public relations services including research
a)	Total of all fees received in this reporting period	a) \$ <u>12,500.00</u>
b)	Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year	b) \$ <u>12,500.00</u> r)
c)	Total of all fees received to date (Add lines a and b)	c) \$ <u>25,000.00</u>
d)	Indicate the amount of any such fees that are due, but have not yet been paid	1 d) \$
Lot repount cate and mea give less any to b	Expenses: obyist(s)/Lobbying partnerships, firms, or corporations are required to report orts are to be filed for expenditures made relative to each client and if experiented to any one client a separate report may be filed for the lobbyist(s)/fiction of expenses: (a) the aggregate total of all expenses paid during the report of expenses; (b) the aggregate total of all individual expenses where the als purchased during a business lunch where the cost was \$25.00 or less, pure on to the person being lobbied, purchase of a ceremonial object given to a si; and (c) an itemized statement of each individual expenditure made during a purpose not covered by (a) (for example: purchase of a meal with value of going given to the subject of lobbying with a value greater than \$25, but not great eption). Expenses for honorariums, expense reimbursement, or political control of should not be reported on Addendum A.	iditures are made by the lobbyist(s)/firm that are m. Expenses are to be reported in one of three corting period for salaries, benefits, support staff expenditure was of \$25.00 or less (for example hase of a pen with a value of less than \$10 that is person being lobbied with a value of \$25.00 or greater than \$25.00 for greater than \$25.00 f
a)	Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>5,693.00</u>
b)	Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c)	Total of all itemized expenditures reported in detail in section VI.	c) \$

d)	Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>5,693.00</u>
	,	_
c)	Total of expenses paid this calendar year, prior to this reporting per (This should be the amount on line f of addendum A for last month)	iod c) \$ <u>12,142.00</u> 's report)
f)	Total of all expenses year to date	F) \$ <u>17,835.00</u>
Pro	Other Expenses: vide the following detail for all expenditures of more than \$25 made I uding by whom paid or to whom charged.	from lobbying fees during this reporting period,
Paic	! :	Amount:
		s
		s
		s
_		
Swar	n Statement/Affirmation by Lobbyist	
l have is true	e read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm to and complete to the best of my knowledge and belief.	hat the foregoing information
(Signature of lobbyist)		October 31, 2018
	iture of lobbyist)	(Datc)
	e A. Berke	
, Print	Name of lobbyist)	